

|   |  |   |
|---|--|---|
| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2005</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i> |  | Docket Number (Optional)<br>AUS919970761US2 |
| Application Number    10/042,412  |  | Filed    January 7, 2002                    |
| For    Highly Scalable and Highly Available Cluster System Management Scheme  |  |   |
| Art Unit    2143  |  | Examiner    Jude Jean Gilles                |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

|   | <u>Fee</u> | <u>Small Entity Fee</u> |                  |
|---|------------|-------------------------|------------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120      | \$60                    | \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$450      | \$225                   | \$ _____         |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1020     | \$510                   | \$ _____         |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1590     | \$795                   | \$ _____         |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2160     | \$1080                  | \$ _____         |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-3083. I have enclosed a duplicate copy of this sheet.

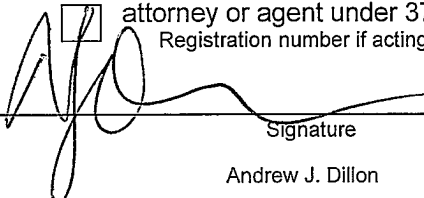
**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

I am the    ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 29,634

☐ attorney or agent under 37 CFR 1.34.  
Registration number if acting under 37 CFR 1.34 \_\_\_\_\_



Signature

Andrew J. Dillon

\_\_\_\_\_  
Typed or printed name

12-19-2006

Date

512-343-6116

\_\_\_\_\_  
Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*